



September 11, 2015

**Los Angeles County
Board of Supervisors**

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Second District

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TO: Mayor Michael D. Antonovich
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: MY HEALTH LA REDETERMINATION RATES

On August 11, 2015, the Board of Supervisors approved a motion instructing the Director of Health Services to report back within 30 days on the My Health LA (MHLA) program redetermination retention rates.

Summary

MHLA eligibility was set for a 12-month period with participants renewing their eligibility annually. The program's 12-month eligibility term and renewal provisions are designed to ensure that those MHLA participants renewing into the program continue to meet the County's eligibility requirements (e.g., that they still have household income at or below 138% of the Federal Poverty Level, are still uninsured and a still a resident of the County).

DHS defines retention as the percentage of enrolled MHLA participants scheduled to term (i.e., eligibility due to expire) in a given month who complete an annual renewal process before their term date. Because MHLA did not officially begin until October 2014, initial renewals are currently in progress making it difficult to assess renewal rates.

Preliminary analysis based solely on August 2014 pilot enrollment data indicates that 2,016 MHLA participants were eligible for renewal during August 2015. Of those 77% renewed and retained program participation while 23% were not renewed. DHS is doing additional analysis on the 23% that were not renewed. These non-renewals were most likely due to a combination of factors, such as, the person being no longer eligible, change in person's contact information/could not be reached, or person's intent to re-enroll at their next clinic visit. Those who are disenrolled from the program can re-enroll at any time with no penalty as long as they are still eligible. DHS believes that this renewal rate is favorable to other local communities with health access programs for the residually uninsured. With funding from the UniHealth Foundation, DHS is working collaboratively with the Community Clinic Association of Los Angeles County and MHLA Community Partner Clinics on enhance MHLA enrollment and retention processes to the fullest extent possible.

Although the annual redetermination period is written into the program's eligibility rules and programmed into the web-based eligibility determination and enrollment system, One-e-App, based on our experience with renewals over the course of the upcoming year and the UniHealth-sponsored partnership with our community partner clinics, DHS will bring proposals to the Board for how to do future renewals in year two and thereafter.

MHLA Preliminary Eligibility and Renewal

MHLA officially launched on October 1, 2014. MHLA uses a web-based eligibility and enrollment system, One-e-App, to determine program eligibility and is the system of record for MHLA enrollment.¹ To ensure timely renewals, MHLA participants receive mailed renewal notices 90, 60, and 30 days prior to the end of their annual term reminding them to do an in-person renewal. Renewal information is also included in all quarterly newsletters sent to MHLA participants. MHLA participants, including those who do not have addresses, are also contacted by their medical home (e.g., during a clinic visit, via telephone and/or via e-mail) to receive information about program renewal by their MHLA medical home. If the renewal is not done before the 12-month period expires, then the participant is disenrolled from the program. Individuals who are disenrolled from the program can re-enroll at any time with no program penalty as long as they meet the eligibility criteria.

Retention Rate

DHS defines retention as the percentage of enrolled MHLA participants scheduled to term (i.e., eligibility due to expire) in a given month who complete an annual renewal process before their term date. Note that a retention rate of 100% would not be expected since some MHLA participants will not be renewed because they may no longer meet MHLA eligibility criteria.

Because 12 months has not yet elapsed since the MHLA program began, it is too early to begin calculating program redetermination rates since the first program renewals are currently in progress. The only MHLA participants for whom DHS has preliminary renewal rates are those individuals who enrolled in August 2014 as part of the MHLA One-e-App pilot.

Of the 2,016 MHLA participants who constitute the number of MHLA individuals due to renew their eligibility in August 2015:

- 1,549 (77%) were renewed and
- 467 (23%) were not renewed.

As stated above, DHS is doing additional analysis on the 23% that were not renewed.

MHLA Renewal Committee

While MHLA participants can re-enroll at any time due to the voluntary nature of the program and lack of penalty associated with disenrollment, DHS believes that continuous enrollment (for those who have their eligibility re-determined) can be beneficial because it:

- 1) promotes continuity of care and streamlined access to subsidized services,
- 2) helps MHLA participants become accustomed to program participation and
- 3) contributes to stable program administration, budget, enrollment and operations.

In July 2015, DHS and the Community Clinic Association of Los Angeles County (CCALAC) officially launched a UniHealth Foundation funded joint effort to establish a MHLA enrollment and retention best practices initiative for One-e-App users. This 12-month, \$300,000 grant is to foster opportunities for DHS and CCALAC to build a strong renewal structure including the creation and implementation of a renewal campaign to support MHLA retention, enhance existing enrollment training and education

¹ Before launching One-e-App at all participating MHLA clinic sites, it was piloted by nine (9) MHLA community clinic agencies beginning August 4, 2014. The purpose of the pilot was to allow a limited number of Community Partner (CP) authorized users to use the One-e-App in a production environment and report their enrollment experiences to help DHS refine the system prior to roll-out for the non-pilot MHLA clinic agencies and sites.

infrastructure and revise, create, and/or retire resources and materials for community partners and One-e-App users related to enrollment and renewals.²

The MHLA Renewal Committee is made up of representatives from the DHS, CCALAC and a MHLA Eligibility Leads and One-e-App Leads from MHLA Community Partners. The Committee currently meets twice per month and has the following goals:

- Recommend and monitor MHLA target renewal rates, to include standard and renewal rates adjusted for preventable versus unpreventable renewal terminations.
- Recommend and share proposed strategies and tactics to remove renewal barriers for MHLA participants and Community Partner Clinics.
- Recommend and share best practices to improve the accuracy and completeness of MHLA applications.
- Identify training and education opportunities to improve MHLA Enroller performance across all clinics.
- Identify opportunities to screen renewing participants for other coverage programs, such as Medi-Cal under Deferred Action for Childhood Arrivals (DACA).

Thus far, the Committee has accomplished the following:

- Conducted a detailed clinic survey to acquire information about the MHLA enroller workforce that can be used to inform enhancement of the program's training and education infrastructure.
- Outlined learning gaps with MHLA enrollers and training opportunities for the MHLA program for new and existing enrollment staff
- Conducted an all-clinic "Renewals Best Practices" webinar with DHS, CCALAC and One-e-App and Eligibility Leads for all MHLA clinics. This webinar created a learning and sharing session on MHLA renewal best practices and created a forum for clinics to share with each other techniques and tools that can be adopted by all MHLA Community Partners to maximize our collective MHLA renewal efforts.

DHS is scheduled to present the fiscal year 2014-15 annual report on MHLA at the Health and Mental Health Cluster Meeting in November 2015 which will include updated information on renewal rates.

If you have any questions, please do not hesitate to contact me at 213.240.8101.

MHK:TB

cc: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

² The Board approved the grant on May 19, 2015 which allocates \$200,000 for DHS and \$100,000 for CCALAC.